

<b>Minutes of:</b>	<b>HEALTH AND WELLBEING BOARD</b>
<b>Date of Meeting:</b>	Tuesday 17 <sup>th</sup> September 2013
<b>Present:</b>	Cabinet Member, Councillor Rishi Shori; Deputy Cabinet Member, Councillor Jane Black Chief Officer, CCG, Stuart North; Community Safety Partnership, Superintendent Mark Granby; Executive Director of Adult Services, Pat Jones- Greenhalgh (Chair); Executive Director, Communities and Neighbourhoods, Graham Atkinson; Executive Director, Children's and Families, Mark Carriline.
<b>Also in attendance:</b>	Julie Edwards – Democratic Services. Diane Halton – Service Manager, Public Health Dr David Wright – Linxs Consultancy Peter Maxson – Linx Consultancy
<b>Apologies:</b>	Dr Audrey Gibson; Chair of Healthwatch, B3SDA, Dave Bevitt.
<b>Public attendance:</b>	10 members of the public were in attendance

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#### **HWB.364 RESIGNATION OF THE CHAIR**

Councillor Shori informed the Health and Wellbeing Board that Dr. Audrey Gibson had resigned as Chair of the Board. Councillor Shori had been appointed the new Health and Wellbeing Board Chair.

Councillor Shori reported that the organisation, Healthwatch, had appointed a new Chair, Andrew Ramwell.

#### **It was agreed:**

Dr. Audrey Gibson be thanked for her commitment and valuable contribution to the role of Chair.

#### **HWB.365 DECLARATIONS OF INTEREST**

There were no declarations of interest.

#### **HWB.366 MINUTES**

##### **Delegated decision:**

The Minutes of the meeting of the Health and Wellbeing Board held on 18 July 2013 be approved as a correct record and signed by the Chair, subject

to an amendment to minute HWB.241 to change the approval date of the Health and Wellbeing Strategy from 3 October to the 3 July 2013.

### **HWB.367 MATTERS ARISING**

Members of the Board reviewed the Health and Wellbeing Board Action Log.

It was reported that a working group had met to consider developing a draft work programme.

Healthier Together and Bury's Integrated Care Plan would be a standing agenda item.

Ian Chambers would provide the Board with an update in relation to the Children with Additional Needs and Disability Partnership Group at the next meeting of the Health and Wellbeing Board.

### **HWB.368 PUBLIC QUESTION TIME**

The Chair, Councillor R Shori, invited questions, comments and representations from members of the public present at the meeting. Questions were asked and comments made on the issues detailed below.

In response to a question from Councillor R.E. Walker, Rob Bellingham, NHS England reported that the site formally occupied by the Peel Health Centre was no longer owned by NHS Bury. A GP practise has purchased the building and are in the process of developing a business case, NHS England are working with them in relation to the proposal.

In response to a question from Councillor J Grimshaw, Councillor Shori reported that the Health and Wellbeing Board will be responsible for developing a Pharmaceutical Needs Assessment a document that will provide an over arching strategy for pharmacy's in the Borough.

### **HWB.369 JOINT STRATEGIC NEEDS ASSESSMENT REFRESH**

Members of the Board considered a verbal presentation from Dr David Wright and Peter Maxson, Linx Consultancy, in relation to the Joint Strategic Needs Assessment refresh. The presentation contained the following information:

Aims of the JSNA refresh were:

- Describe the analyses of data to show the health and wellbeing status of local communities
- Define where inequalities exist
- Highlight key findings based on the information and evidence collected
- Identify changes that have occurred and what these changes mean for Bury
- Identify areas for further analysis and exploration

The data is split into six categories; Pregnancy and Early Years; Children and Young People; Lifestyle and the Living Environment; Work and Welfare; Vulnerability; Ill Health and Mortality. The JSNA provides comparisons between Bury and other areas including ONS comparator areas, the North West and national.

**Pregnancy and Early Years;** Bury has an infant mortality rate of just 3 per 1000 live births, better than all comparators. However, early access to maternity care was 65.3% in 2011/12 – well below all comparators, over 70% in England and over 80% in Stockport. Proportion of baby's breastfed after birth and at 6/8 weeks is below national and average against comparators.

**Children and Young People;** Bury continues to performs very well in terms of GCSE attainment and reported low rates of absence/exclusion. The percentage of residents seeing a dentist is well below the comparator group; a pattern replicated amongst adults. Performance is good at GCSE but comparatively poor at Key Stage 2 and worse than all comparators at Early Years stage.

**Lifestyle and the Living Environment;** According to latest Sport England figures the proportion of adults engaging in recommended level of weekly exercise is below all comparators at 22.9%. The rate is lower for women (18.5%), for BME residents (17.3%). It also drops considerably with age, with just 12.2% of those over 55 engaging in regular exercise. Bury's rate for under 19 emergency asthma admissions is higher than all comparators and almost twice the national position.

**Work and Welfare;** education amongst adults remains good in Bury, higher than all comparators, except Stockport. Unemployment is high however, the percentage claiming Job Seekers Allowance is average, but including those who are choosing not to work, Bury has the 2nd highest rate behind Stockton, and higher than national/regional at 9.7%.

**Vulnerability;** Bury performs well in terms of reported quality of life by social care users and carers. Also has the lowest rate for hip and knee replacements over the age of 65. Proportion of households in fuel poverty also lower than all comparators at 16.4%. By contrast, despite the low rate for hip replacements the level of admissions for hip fracture (often a result of trips and falls) is higher than all comparators. The rate of family homelessness (which is where the applicant household in priority need has a child or pregnancy) is again above all comparators.

**Ill Health and Mortality;** In terms of prevention rates for breast and cervical screening Bury is above regional and national levels. Crude Quality and Outcomes Framework stats suggest cancer rate is low. However age standardised data shows a higher prevalence than national and regional and most of the comparator areas for all cancers, as well as the individual categories (e.g. breast, colorectal, lung and prostate).

Questions were invited from those present at the meeting and the following points were raised:-

The Executive Director, Children's and Families queried the accuracy of some of the data contained within the presentation.

The Chief Operating Officer, CCG, reported that he would like to see contained with the Joint Strategic Needs Assessment information regarding the mobility of the population within the Borough.

The Chief Operating Officer, CCG, reported that the figures in relation to access to maternity care are different from those held by the Clinical Commissioning Group. Also the rate for emergency asthma admissions would be affected by the facilities provided on each hospital site for example if a hospital has an emergency paediatric observation unit.

**Delegated decision:**

1. The Joint Strategic Needs Assessment refresh would be circulated to all members of the Health and Wellbeing Board.
2. Any comments would be forwarded onto the Public Health Service Manager by Friday 3<sup>rd</sup> October 2013.
3. Once comments have been received, the Joint Strategic Needs Assessment refresh would be circulated to stakeholders for consultation.

**HWB.370 INTEGRATED CARE PLAN**

Stuart North submitted and presented the current draft Integrated Care Plan. The Plan will develop integrated care in Bury and will result in changes to how services are commissioned.

Integrated care in Bury means:

Placing people carers at the centre and developing wider networks of support and care that is based around their needs and puts them in control.

Coordinating delivery of services in a way that enables people and their carers to achieve better outcomes and maximise their independence, health and wellbeing.

Integrated care can be provided by single or multiple organisations, the important thing is that the different parts of the organisation(s) work together to combine and co-ordinate all the services needed to meet the assessed needs of each person.

Integrated care includes health and social care services, physical and mental health services and primary and secondary health care services.

The chief operating Officer, CCG, reported that £3.8 billion would be transferred from the NHS to the Local Authority to help deliver a model of integrated care.

It is proposed that the "Healthier Radcliffe" Demonstrator Community becomes the initial phase of delivering an integrated care delivery model in Bury.

Members of the Board wanted assurances that the delivery model is right and that resources will be made available in the community before they are removed from the Acute sector.

**Delegated decision:**

1. Bury's Integrated Care Plan would be considered at the next meeting of the Health and Wellbeing Board.
2. The Assistant Director of Legal Services would provide legal advice with regards to the sign off process for the Integrated Care Plan.
3. That a "Healthier Radcliffe" evaluation report will be considered at a future meeting of the Health and Wellbeing Board.

**HWB.371 HEALTHIER TOGETHER**

Stuart North informed the Board that a Model of Care with options for delivery had been produced and would be made available for consultation on the 18<sup>th</sup> December 2013.

**It was agreed:**

The Chief Operating Officer CCG and the Chair of the CCG will provide members of the Health and Wellbeing Board with a presentation on the proposals for consultation at the next meeting of the Health and Wellbeing Board.

**HWB.372 BRUCE KEOGH: REVIEW INTO THE QUALITY OF CARE AND TREATMENT PROVIDED BY FOURTEEN HOSPITAL TRUSTS IN ENGLAND**

The Chief Operating officer CCG provided members of the Health and Wellbeing Board will an overview of Sir Bruce Keogh's report entitled "Review into the quality of care and treatment provided by 14 hospital trusts in England."

The report identified a number of recurrent themes, these included;

- Differential care dependent on time of day
- Lay/Board members could not effectively challenge the Trust Chief Executives
- Lack of openness and transparency within the organisation
- Current arrangements with regard to complaints were not considered to be sufficiently rigorous.

**Delegate decision:**

The report be noted.

**HWB.373 PHARMACEUTICAL NEEDS ASSEMENT**

The Health and Wellbeing Board considered a verbal update in relation to the pharmaceutical needs assessment (PNA) by Rob Bellingham, the report contained the following information:

Every Health and Wellbeing Board in England has a statutory duty to publish and keep up to date a statement of the needs for pharmaceutical services in its area.

The preparation and consultation on the PNA should take account of the JSNA and other relevant strategies.

Health and Wellbeing Boards have a legal duty to check the suitability of existing PNA.

It is understood that the Greater Manchester commissioning Support Unit has been commissioned to develop the PNAs for Bury which is due for publication by April 2015.

In response to a Board member's question, the Public Health Service Manager reported that a PNA statement had not been published since March 2013.

**Delegated decision:**

An update on the existing Pharmaceutical Needs Assessment would be given at the next meeting of the Health and Wellbeing Board.

**HWB.374 HOT TOPIC – BENEFITS UPDATE**

Members of the Board considered the benefits update.

In response to a Board member's question the Public Health Service Manager reported that the information contained within the Benefits update was the most up to date. The public health team would use this information as well as the consultancy work done by Linxs to inform the Joint Strategic Needs Assessment.

**HWB.375 CLINICAL COMMISSIONING GROUP FUNDING ALLOCATION**

The Chief Operating Officer, CCG reported that the CCG had received their proposed target allocation, he asked that members of the Board lobbied on the CCG's behalf for an increase in funding.

**Councillor R. Shori**  
**Chair**

(Note: The meeting started at 2.00 pm and ended at 3.45 pm)